

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091000000	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	-IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2		i					52				
3		i					53				
4		i					54				
5		i					55				
6		i					56				
7		i					57				
8		i					58				
9		i					59				
10		i					60				
11		i					61				
12		i					62				
13		i					63				
14		i					64				
15		i					65				
16		i					66				
17		i					67				
18		i					68				
19		i					69				
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23		i					73				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	i						TOTAL IND.				
TOTAL DEP.	24						TOTAL DEP.				
TOTAL CLAIMS	25						TOTAL CLAIMS				